

FILED MAR 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

41597

BIRTH NO. ....		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>5186</u>		Registrar's No. <u>49</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Randol</u> c. LENGTH OF STAY (in this place) <u>23 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 miles n.e. Cape Gir</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cape Gir.</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Randol</u> d. STREET ADDRESS (If rural, give location) <u>Rural 7 miles n.e. Cape</u>			
3. NAME OF DECEASED (Type or Print) <u>Linus</u> a. (First) <u>Linus</u> b. (Middle) <u>Sanford Jr.</u> c. (Last) <u>Sanford Jr.</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 15 1950</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 13, 1873</u>	
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Mo. D</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Mo. D</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Linus Sanford</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Jane Russell</u>		14. NAME OF HUSBAND OR WIFE <u>Mabel J. Sanford</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Tom Mabel J. Sanford</u> ADDRESS <u>Cape Gir.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Infection of Left Large Toe</u> caused by ingrown toe, which necessitated amputation of toe Jan 19/50 DUE TO (c) <u>gangrene of foot a few days before death.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 3rd</u> , 1950, to <u>Feb 10th</u> , 1950, that I last saw the deceased alive on <u>Feb 14th</u> , 1950, and that death occurred at <u>8:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. B. Chubb</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Cape Girardeau Mo.</u>		23c. DATE SIGNED <u>2/17/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 17, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-20-1950</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S. L. Grunwaldt</u> ADDRESS <u>Jackson, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

FEB 27 1950

DISTRICT HEALTH OFFICE No. 4

File No. 250-272

NOV 24 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Signed.....

*Gene C. Cravatt*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4327

P. O. Address Jackson, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.